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| Fill in this information to identify your case: |                               |                                 |
|---|-------------------------------|---------------------------------|
| United States Bankruptcy Court for the:         |                               |                                 |
| NORTHERN DISTRICT OF ILLINOIS                   | _                             |                                 |
| Case number (if known)                          | Chapter you are filing under: |                                 |
|   | Chapter 7                     |                                 |
|   | ☐ Chapter 11                  |                                 |
|   | ☐ Chapter 12                  |                                 |
|   | ☐ Chapter 13                  | Check if this an amended filing |

B 101

# **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | rt 1: Identify Yourself  |   |   |      |   |
|-----|--|---|---|------|---|
|     |  | About Debtor 1:                                 | About Debtor 2 (Spouse Only in a Joint Case): |      | : |
| 1.  | Your full name   |   |   |      |   |
|     | Write the name that is on your government-issued picture identification (for   | Jose<br>First name                              | First name                                    |      |   |
|     | example, your driver's license or passport).   | Ignacio<br>Middle name                          | Middle name                                   |      |   |
|     | Bring your picture identification to your meeting with the trustee.  | Duarte Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III)      | <br> |   |
|     |  |   |   |      |   |
| 2.  | All other names you have used in the last 8 years  | e   |   |      |   |
|     | Include your married or maiden names.  |   |   |      |   |
| 3.  | Only the last 4 digits of<br>your Social Security<br>number or federal<br>Individual Taxpayer<br>Identification number<br>(ITIN) | xxx-xx-8655                                     |   |      |   |

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Debtor 1 Jose Ignacio Duarte

Case number (if known)

|   | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):   |
|---|---|---|
| Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years  Include trade names and doing business as names | ■ I have not used any business name or EINs.  Business name(s)  EINs  | ☐ I have not used any business name or EINs.  Business name(s)  EINs  |
| Where you live  |   | If Debtor 2 lives at a different address:   |
|   | 2014 N 17th Ave Melrose Park, IL 60160  Number, Street, City, State & ZIP Code  Cook  County  If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | Number, Street, City, State & ZIP Code  County  If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.  |
|   | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code  |
| Why you are choosing this district to file for bankruptcy   | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.)   | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.)   |
|   | Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names  Where you live  Why you are choosing this district to file for   | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years  Include trade names and doing business as names  EINS  Business name(s)  EINS  Where you live  2014 N 17th Ave Melrose Park, IL 60160 Number, Street, City, State & ZIP Code  Cook County  If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.  Number, P.O. Box, Street, City, State & ZIP Code  Check one:  Why you are choosing this district to file for bankruptcy  Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. |

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Debtor 1 Jose Ignacio Duarte

Case number (if known)

| Par | Tell the Court About  | Your B        | ankruptcy Ca                      | se                                  |  |  |     |
|-----|---|---------------|-----------------------------------|-------------------------------------|--|--|-----|
| 7.  | The chapter of the Bankruptcy Code you are  | Chec<br>(Forn |                                   |                                     | of each, see <i>Notice Required by</i> f page 1 and check the appropriate  | 1 U.S.C. § 342(b) for Individuals Filing for Bankruptc<br>box.   | y   |
|     | choosing to file under  | <b>■</b> C    | hapter 7                          |                                     |  |  |     |
|     |   | □с            | hapter 11                         |                                     |  |  |     |
|     |   | □с            | hapter 12                         |                                     |  |  |     |
|     |   | □с            | hapter 13                         |                                     |  |  |     |
|     |   |               |                                   |                                     |  |  |     |
| 3.  | How you will pay the fee  |               | about how yo                      | u may pay. Typ<br>attorney is sub   | pically, if you are paying the fee you                                     | with the clerk's office in your local court for more de<br>urself, you may pay with cash, cashier's check, or mo<br>lf, your attorney may pay with a credit card or check  | ney |
|     |   |               |                                   |                                     | tallments. If you choose this options (Official Form 103A).                | n, sign and attach the Application for Individuals to P  | ay  |
|     |   |               | but is not req<br>that applies to | uired to, waive to your family size | your fee, and may do so only if you<br>ze and you are unable to pay the fe | only if you are filing for Chapter 7. By law, a judge m<br>ir income is less than 150% of the official poverty line<br>se in installments). If you choose this option, you must<br>official Form 103B) and file it with your petition. | 9   |
| ).  | Have you filed for bankruptcy within the last 8 years?  | ■ No          | D.                                |                                     |  |  |     |
|     |   | □ Ye          |                                   |                                     |  |  |     |
|     |   |               | District                          |                                     | When   | Case number  |     |
|     |   |               | District                          |                                     | When   | Case number  |     |
|     |   |               | District                          |                                     | When   | Case number  |     |
|     |   |               |                                   |                                     |  |  |     |
| 10. | Are any bankruptcy cases pending or being   | ■ No          | 0                                 |                                     |  |  |     |
|     | filed by a spouse who is<br>not filing this case with<br>you, or by a business<br>partner, or by an<br>affiliate? | □ Ye          | es.                               |                                     |  |  |     |
|     |   |               | Debtor                            |                                     |  | Relationship to you  |     |
|     |   |               | District                          |                                     | When   | Case number, if known  |     |
|     |   |               | Debtor                            |                                     |  | Relationship to you  |     |
|     |   |               | District                          |                                     | When   | Case number, if known  |     |
| 11. | Do you rent your  | ■ No          | Go to li                          | ine 12.                             |  |  |     |
|     | residence?  | □ Ye          | es. Has yo                        | ur landlord obta                    | ained an eviction judgment against   | you and do you want to stay in your residence?   |     |
|     |   |               |                                   | No. Go to line                      | 12.  |  |     |
|     |   |               |                                   | Yes. Fill out In bankruptcy per     |  | udgment Against You (Form 101A) and file it with this  | S   |
|     |   |               |                                   |                                     |  |  |     |

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Document Page 4 of 47 Case number (if known) Debtor 1 Jose Ignacio Duarte Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor of any full- or part-time No. Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of **Bankruptcy Code and are** operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy ☐ No. U.S.C. § 101(51D). Code. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ■ No. property that poses or is alleged to pose a threat Yes. of imminent and What is the hazard? identifiable hazard to public health or safety? Or do you own any If immediate attention is property that needs

immediate attention?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs

urgent repairs?

needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

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Debtor 1 Jose Ignacio Duarte Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

> The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a 

mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes 

me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active П military duty in a military

combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| l a | am not required to receive a | a brieting | about | credit |
|-----|------------------------------|------------|-------|--------|
| C   | ounseling because of:        |            |       |        |

Incapacity. I have a mental illness or a mental deficiency that makes me incapable

of realizing or making rational decisions about finances.

Disability. My physical disability causes me to

be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried

to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Document Page 6 of 47 Case number (if known) Debtor 1 Jose Ignacio Duarte Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an you have? individual primarily for a personal, family, or household purpose." ■ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ■ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ☐ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative Yes. after any exempt expenses are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses ■ No are paid that funds will ☐ Yes be available for distribution to unsecured creditors? 18. How many Creditors do **1**,000-5,000 **1** 25,001-50,000 **1-49** you estimate that you **5001-10,000 5**0,001-100,000 □ 50-99 owe? **1**0,001-25,000 ■ More than 100,000 □ 100-199 **200-999** 19. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500.001 - \$1 million 20. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your liabilities □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Part 7: Sign Below For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Jose Ignacio Duarte Signature of Debtor 2 Jose Ignacio Duarte

Executed on

MM / DD / YYYY

Signature of Debtor 1

Executed on February 2, 2016

MM / DD / YYYY

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Debtor 1 Jose Ignacio Duarte Page 7 01 47

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Bennie W Fernandez                 | Date          | February 2, 2016        |
|--|---------------|-------------------------|
| Signature of Attorney for Debtor       |               | MM / DD / YYYY          |
| Bennie W Fernandez                     |               |                         |
| Printed name                           |               |                         |
| Fernandez & Associates                 |               |                         |
| Firm name                              |               |                         |
| 108 Madison                            |               |                         |
| Oak Park, IL 60302                     |               |                         |
| Number, Street, City, State & ZIP Code |               |                         |
| Contact phone <b>708-386-1812</b>      | Email address | bennie161@sbcglobal.net |
| Bar number & State                     |               |                         |

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|---|--------------------------|-------------------|------------------|--|--|--|--|--|--|
| Fill in this information to identify your case: |                          |                   |                  |  |  |  |  |  |  |
| Debtor 1  | Jose Ignacio Dua         | rte               |                  |  |  |  |  |  |  |
|   | First Name               | Middle Name       | Last Name        |  |  |  |  |  |  |
| Debtor 2  |                          |                   |                  |  |  |  |  |  |  |
| (Spouse if, filing)                             | First Name               | Middle Name       | Last Name        |  |  |  |  |  |  |
| United States Ba                                | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS      |  |  |  |  |  |  |
| Case number (if known)                          |                          |                   |                  |  |  |  |  |  |  |

☐ Check if this is an amended filing

## Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

|     | •  |              |                          |
|-----|--|--------------|--------------------------|
| Par | t 1: Summarize Your Assets   |              |                          |
|     |  | Your a       | ssets<br>of what you own |
| 1.  | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B  | . \$         | 0.00                     |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B   | . \$         | 5,130.00                 |
|     | 1c. Copy line 63, Total of all property on Schedule A/B  | \$           | 5,130.00                 |
| Par | t 2: Summarize Your Liabilities  |              |                          |
|     |  |              | abilities<br>t you owe   |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$           | 0.00                     |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                            | \$           | 0.00                     |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$           | 20,696.00                |
|     | Your total liabilities   | \$           | 20,696.00                |
| Par | t 3: Summarize Your Income and Expenses  |              |                          |
| 4.  | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$           | 900.00                   |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  | \$           | 908.00                   |
| Par | t 4: Answer These Questions for Administrative and Statistical Records   |              |                          |
| 6.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                     | our other so | chedules.                |
| 7.  | Yes What kind of debt do you have?   |              |                          |
|     | Vous debte are primarily consumer debte. Consumer debte are those "incurred by an individual primarily for   | o noroono    | l family or              |

- **Your debts are primarily consumer debts.** Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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Debtor 1 Jose Ignacio Duarte

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Case number (if known)

| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form |     |  |
|----|--|-----|--|
|    | 122A-1 Line 11; <b>OR</b> , Form 122B Line 11; <b>OR</b> , Form 122C-1 Line 14.                              | \$_ |  |

\$\_\_\_\_\_

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on Schedule E/F, copy the following:   | Tota | l claim |
|--|------|---------|
| 9a. Domestic support obligations (Copy line 6a.)   | \$   | 0.00    |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$_  | 0.00    |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$   | 0.00    |
| 9d. Student loans. (Copy line 6f.)   | \$   | 0.00    |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$_  | 0.00    |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$_ | 0.00    |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$   | 0.00    |

Case 16-03157 Doc 1 Filed 02/02/16 Entered 02/02/16 16:26:27 Desc Main Page 10 of 47 Document Fill in this information to identify your case and this filing: Debtor 1 Jose Ignacio Duarte Middle Name First Name Last Name Debtor 2 First Name Middle Name (Spouse, if filing) Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number Check if this is an amended filing Official Form 106A/B Schedule A/B: Property 12/15 In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. ☐ Yes. Where is the property? **Describe Your Vehicles** Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles □ No Yes Do not deduct secured claims or exemptions. Put **Pontiac** Make: Who has an interest in the property? Check one. the amount of any secured claims on Schedule D: **Firebird** Model Debtor 1 only Creditors Who Have Claims Secured by Property. 1994 Debtor 2 only Year: Current value of the Current value of the 116000 Approximate mileage: Debtor 1 and Debtor 2 only entire property? portion you own? Other information: ☐ At least one of the debtors and another \$3,000.00 \$3.000.00 ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No ☐ Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here......>>

\$3,000.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

□ No

Entered 02/02/16 16:26:27 Case 16-03157 Filed 02/02/16 Document Page 11 of 47 Case number (if known) Debtor 1 Jose Ignacio Duarte Yes. Describe..... \$1.500.00 Misc Household Items 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ■ No ☐ Yes. Describe..... 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ■ No ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No ■ Yes. Describe..... Misc Wearing Apparel \$200.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver ■ No ☐ Yes. Describe..... 13. Non-farm animals Examples: Dogs, cats, birds, horses ■ No ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$1,700.00 for Part 3. Write that number here ...... Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition □ No Cash \$40.00

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Case number (if known) Document Debtor 1 Jose Ignacio Duarte 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ■ No ☐ Yes..... Institution name: 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ■ No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. No ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans Nο ☐ Yes. List each account separately. Type of account: Institution name: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others Institution name or individual: ■ Yes. ..... **Security Deposit with landlord** \$390.00 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ■ No ☐ Yes. Give specific information about them...

Money or property owed to you? Current value of the portion you own? Do not deduct secured Case 16-03157 Doc 1 Filed 02/02/16 Entered 02/02/16 16:26:27 Desc Main

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Case number (if known) Document Debtor 1 Jose Ignacio Duarte claims or exemptions. 28. Tax refunds owed to you No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ☐ Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund value: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ■ No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$430.00 for Part 4. Write that number here..... Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6 Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

No. Go to Part 7.

☐ Yes. Go to line 47.

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Debtor 1 Jose Ignacio Duarte

> Do not deduct secured claims or exemptions.

| Part | 7: Describe All Property You Own or Have an Interest in That You Did N  | Not List Above |                              |            |
|------|---|----------------|------------------------------|------------|
| 53.  | Do you have other property of any kind you did not already list'<br>Examples: Season tickets, country club membership | ?              |                              |            |
|      | No  |                |                              |            |
|      | Yes. Give specific information  |                |                              |            |
|      | '   |                |                              |            |
| 54.  | Add the dollar value of all of your entries from Part 7. Write th   | at number here |                              | \$0.00     |
|      | , , , , , , , , , , , , , , , , , , ,   |                |                              | Ψοίου      |
| Part | 8: List the Totals of Each Part of this Form  |                |                              |            |
| ı an | C. List the rotals of Each rait of this roth  |                |                              |            |
| 55.  | Part 1: Total real estate, line 2   |                |                              | \$0.00     |
| 56.  | Part 2: Total vehicles, line 5  | \$3,000.00     |                              | Ψ0.00      |
| 57.  | Part 3: Total personal and household items, line 15   | \$1,700.00     |                              |            |
| 58.  | Part 4: Total financial assets, line 36   | \$430.00       |                              |            |
| 59.  | Part 5: Total business-related property, line 45  | ****           |                              |            |
|      |   | \$0.00         |                              |            |
| 60.  | 3   | \$0.00         |                              |            |
| 61.  | Part 7: Total other property not listed, line 54 +  | \$0.00         |                              |            |
| 62.  | Total personal property. Add lines 56 through 61  | \$5,130.00     | Copy personal property total | \$5,130.00 |
| 63.  | Total of all property on Schedule A/B. Add line 55 + line 62  |                |                              | \$5,130.00 |

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|                     |                          | Ducume            | III Paue 15 01 47 |                                       |
|---------------------|--------------------------|-------------------|-------------------|---------------------------------------|
| Fill in this infor  | mation to identify your  | case:             |                   |                                       |
| Debtor 1            | Jose Ignacio Dua         | rte               |                   |                                       |
|                     | First Name               | Middle Name       | Last Name         |                                       |
| Debtor 2            |                          |                   |                   |                                       |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name         |                                       |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS       |                                       |
| Case number         |                          |                   |                   |                                       |
| (if known)          |                          |                   |                   | Check if this is an<br>amended filing |

### Official Form 106C

## Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on<br>Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim |   | Specific laws that allow exemption |
|--|--------------------------------------|-----------------------------------|---|------------------------------------|
|  | Copy the value from<br>Schedule A/B  | Che                               | ck only one box for each exemption.                             |                                    |
| 1994 Pontiac Firebird 116000 miles Line from Schedule A/B: 3.1                         | \$3,000.00                           |                                   | \$2,400.00  | 735 ILCS 5/12-1001(c)              |
| Ellie Helli Genedale 702. GTT  |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |
| Misc Household Items Line from Schedule A/B: 6.1                                       | \$1,500.00                           |                                   | \$1,500.00  | 735 ILCS 5/12-1001(b)              |
| Line from Schedule 2015. G. 1  |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |
| Misc Wearing Apparel Line from Schedule A/B: 11.1                                      | \$200.00                             |                                   | \$200.00  | 735 ILCS 5/12-1001(a)              |
| Line from Schedule AVD. 1111   |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |
| Cash Line from Schedule A/B: 16.1  | \$40.00                              |                                   | \$40.00   | 735 ILCS 5/12-1001(b)              |
| Elle from Schedule AVD. 19.1   |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |
| Security Deposit with landlord Line from Schedule A/B: 22.1                            | \$390.00                             |                                   | \$390.00  | 735 ILCS 5/12-1001(b)              |
| LING HOLLI SULIGUUIG PAD. ZZ. I  |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |

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Debtor 1 Jose Ignacio Duarte

3. Are you claiming a homestead exemption of more than \$155,675?

(Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment.)

No

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

Yes

Fill in this information to identify your case: Debtor 1 Jose Ignacio Duarte Middle Name First Name Last Name Debtor 2 First Name Middle Name Last Name (Spouse if, filing) United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number (if known) ☐ Check if this is an amended filing

### Official Form 106D

## Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
  - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below.

Case 16-03157 Doc 1 Filed 02/02/16 Entered 02/02/16 16:26:27 Desc Main Page 18 of 47 Document Fill in this information to identify your case: Debtor 1 Jose Ignacio Duarte Middle Name Last Name First Name Debtor 2 First Name Middle Name Last Name (Spouse if, filing) NORTHERN DISTRICT OF ILLINOIS United States Bankruptcy Court for the: Case number (if known) ☐ Check if this is an amended filing Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12/15 Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. ☐ Yes. Part 2: List All of Your NONPRIORITY Unsecured Claims 3. Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. Yes. 4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2 Total claim 4.

| 1 | Cap1/Victy                                    | Last 4 digits of account number 5434                           |   | \$<br>0.00     |
|---|---|--|---|----------------|
|   | Priority Creditor's Name                      |  |   |                |
|   | 26525 N Riverwoods Blvd<br>Mettawa, IL 60045  | When was the debt incurred?                                    | Opened 9/17/02 Last<br>Active 9/16/09     |                |
|   | Number Street City State Zlp Code             | As of the date you file, the claim                             | is: Check all that apply                  |                |
|   | Who incurred the debt? Check one.             | ☐ Contingent   |   |                |
|   | Debtor 1 only                                 |  |   |                |
|   | ☐ Debtor 2 only                               | ☐ Unliquidated   |   |                |
|   | ☐ Debtor 1 and Debtor 2 only                  | ☐ Disputed   |   |                |
|   | ☐ At least one of the debtors and another     | Type of NONPRIORITY unsecure                                   | d claim:                                  |                |
|   | ☐ Check if this claim is for a community debt | ☐ Student loans  |   |                |
|   | Is the claim subject to offset?               | Obligations arising out of a sepanot report as priority claims | aration agreement or divorce that you did |                |
|   | ■ No  | Debts to pension or profit-sharing                             | ng plans, and other similar debts         |                |
|   | Yes   | ■ Other. Specify Charg   | ge Account                                |                |
| 2 | Capital One Bank Usa N                        | Last 4 digits of account number                                | 6325                                      | \$<br>4,897.00 |
|   | Priority Creditor's Name                      |  |   |                |

Official Form 106 E/F

As of the date you file, the claim is: Check all that apply

When was the debt incurred?

15000 Capital One Dr

Richmond, VA 23238

Number Street City State Zlp Code

Opened 6/02/03 Last

Active 11/01/15

| Debtor | Case 16-03157 Doc 1  1 Jose Ignacio Duarte                             | Filed 02/02/16<br>Document                            |              | red 02/02/16 16:26:27<br>19 of 47<br>Case number (if know) | Desc Mai | n        |
|--------|--|---|--------------|--|----------|----------|
|        | Who incurred the debt? Check one.  Debtor 1 only                       | ☐ Contingent  |              | `  |          |          |
|        | Debtor 2 only  | ☐ Unliquidated  |              |  |          |          |
|        | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | ☐ Disputed  Type of NONPRIORITY                       | unsecured    | claim:   |          |          |
|        | ☐ Check if this claim is for a community debt                          | ☐ Student loans                                       |              |  |          |          |
|        | Is the claim subject to offset?  | ☐ Obligations arising ou not report as priority claim |              | ration agreement or divorce that you did                   |          |          |
|        | ■ No   | Debts to pension or p                                 | rofit-sharin | g plans, and other similar debts                           |          |          |
|        | Yes  | Other. Specify  | Credit       | Card   |          |          |
| 4.3    | Capital One Bank Usa N   | Last 4 digits of account                              | number       | 3403   | \$       | 0.00     |
|        | Priority Creditor's Name  15000 Capital One Dr Richmond, VA 23238      | When was the debt incu                                | urred?       | Opened 7/28/03 Last<br>Active 2/17/14                      |          |          |
|        | Number Street City State Zlp Code                                      | As of the date you file,                              | the claim i  | s: Check all that apply                                    |          |          |
|        | Who incurred the debt? Check one.  Debtor 1 only                       | ☐ Contingent  |              |  |          |          |
|        | ☐ Debtor 2 only  | ☐ Unliquidated  |              |  |          |          |
|        | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |              |  |          |          |
|        | ☐ At least one of the debtors and another                              | Type of NONPRIORITY                                   | unsecured    | claim:   |          |          |
|        | ☐ Check if this claim is for a community debt                          | ☐ Student loans                                       |              |  |          |          |
|        | Is the claim subject to offset?  | Obligations arising ou not report as priority clain   |              | ration agreement or divorce that you did                   |          |          |
|        | ■ No   | Debts to pension or p                                 | rofit-sharin | g plans, and other similar debts                           |          |          |
|        | Yes  | Other. Specify  | Credit       | Card   |          |          |
| 1.4    | Capital One Bank Usa N   | Last 4 digits of account                              | number       | 6461   | \$       | 3,877.00 |
|        | Priority Creditor's Name  15000 Capital One Dr Richmond, VA 23238      | When was the debt incu                                | urred?       | Opened 7/25/02 Last<br>Active 11/01/15                     |          |          |
|        | Number Street City State Zlp Code                                      | As of the date you file,                              | the claim i  | s: Check all that apply                                    |          |          |
|        | Who incurred the debt? Check one.                                      | ☐ Contingent  |              |  |          |          |
|        | ■ Debtor 1 only  |   |              |  |          |          |
|        | ☐ Debtor 2 only  | ☐ Unliquidated  |              |  |          |          |
|        | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |              |  |          |          |
|        | At least one of the debtors and another                                | Type of NONPRIORITY                                   | unsecured    | claim:   |          |          |
|        | ☐ Check if this claim is for a community debt                          | ☐ Student loans                                       |              |  |          |          |
|        | Is the claim subject to offset?  | not report as priority clain                          | ns           | ration agreement or divorce that you did                   |          |          |
|        | ■ No   | ☐ Debts to pension or p                               | rofit-sharin | g plans, and other similar debts                           |          |          |
|        | Yes  | Other. Specify  | Credit       | Card   |          |          |
| 4.5    | Citi   | Last 4 digits of account                              | number       | 7479   | \$       | 661.00   |
|        | Priority Creditor's Name   |   |              |  |          |          |

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Debtor 1 Jose Ignacio Duarte

|                                   | Po Box 6241<br>Sioux Falls, SD 57117          | When was the debt incurred?  | Opened 4/02/08 Last<br>Active 8/10/15    |            |
|-----------------------------------|---|--|--|------------|
| Number Street City State Zlp Code |   | As of the date you file, the claim i                                 |  |            |
|                                   | Who incurred the debt? Check one.             | ☐ Contingent   |  |            |
|                                   | ■ Debtor 1 only                               |  |  |            |
|                                   | ☐ Debtor 2 only                               | ☐ Unliquidated   |  |            |
|                                   | ☐ Debtor 1 and Debtor 2 only                  | ☐ Disputed   |  |            |
|                                   | ☐ At least one of the debtors and another     | Type of NONPRIORITY unsecured  | d claim:                                 |            |
|                                   | ☐ Check if this claim is for a community debt | ☐ Student loans  |  |            |
|                                   | Is the claim subject to offset?               | Obligations arising out of a sepa<br>not report as priority claims   | ration agreement or divorce that you did |            |
|                                   | ■ No  | Debts to pension or profit-sharing                                   | g plans, and other similar debts         |            |
|                                   | Yes   | Other. Specify Credit  | : Card                                   |            |
| 4.6                               | Citifinancial                                 | Last 4 digits of account number                                      | 5807                                     | \$<br>0.00 |
|                                   | Priority Creditor's Name                      |  | Opened 5/18/06 Last                      |            |
|                                   | 300 Saint Paul Pl<br>Baltimore, MD 21202      | When was the debt incurred?  | Active 2/08/07                           |            |
|                                   | Number Street City State Zlp Code             | As of the date you file, the claim i                                 | s: Check all that apply                  |            |
|                                   | Who incurred the debt? Check one.             | ☐ Contingent   |  |            |
|                                   | ■ Debtor 1 only                               |  |  |            |
|                                   | ☐ Debtor 2 only                               | ☐ Unliquidated   |  |            |
|                                   | ☐ Debtor 1 and Debtor 2 only                  | ☐ Disputed   |  |            |
|                                   | ☐ At least one of the debtors and another     | Type of NONPRIORITY unsecured  | d claim:                                 |            |
|                                   | ☐ Check if this claim is for a community debt | ☐ Student loans  |  |            |
|                                   | Is the claim subject to offset?               | ☐ Obligations arising out of a sepa                                  | ration agreement or divorce that you did |            |
|                                   | ■ No  | ☐ Debts to pension or profit-sharing                                 | g plans, and other similar debts         |            |
|                                   | Yes   | ■ Other. Specify Unsec   | cured                                    |            |
| 4.7                               | Citifinancial                                 | Last 4 digits of account number                                      | 2407                                     | \$<br>0.00 |
|                                   | Priority Creditor's Name                      |  | One and 2/08/07 Leaf                     |            |
|                                   | 300 Saint Paul PI<br>Baltimore, MD 21202      | When was the debt incurred?  | Opened 2/08/07 Last<br>Active 3/24/08    |            |
|                                   | Number Street City State Zlp Code             | As of the date you file, the claim i                                 | s: Check all that apply                  |            |
|                                   | Who incurred the debt? Check one.             | ☐ Contingent   |  |            |
|                                   | Debtor 1 only                                 |  |  |            |
|                                   | ☐ Debtor 2 only                               | ☐ Unliquidated   |  |            |
|                                   | ☐ Debtor 1 and Debtor 2 only                  | ☐ Disputed   |  |            |
|                                   | ☐ At least one of the debtors and another     | Type of NONPRIORITY unsecured  | d claim:                                 |            |
|                                   | ☐ Check if this claim is for a community debt | ☐ Student loans  |  |            |
|                                   | dept<br>Is the claim subject to offset?       | ☐ Obligations arising out of a sepa<br>not report as priority claims | ration agreement or divorce that you did |            |
|                                   | ■ No  | ☐ Debts to pension or profit-sharin                                  | g plans, and other similar debts         |            |
|                                   | Yes   | ■ Other. Specify Unsec   | cured                                    |            |

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| Debto | r 1 _Jose Ignacio Duarte                                       |   | Case number (if know)                    |          |          |
|-------|--|---|--|----------|----------|
| 4.8   | Citifinancial  | Last 4 digits of account number                                 | 6194                                     | \$       | 0.00     |
|       | Priority Creditor's Name                                       | · ·   |  |          |          |
|       | 300 Saint Paul PI<br>Baltimore, MD 21202                       | When was the debt incurred?                                     | Opened 4/01/05 Last<br>Active 5/18/06    |          |          |
|       | Number Street City State Zlp Code                              | As of the date you file, the claim is                           | s: Check all that apply                  |          |          |
|       | Who incurred the debt? Check one.                              | ☐ Contingent  |  |          |          |
|       | ■ Debtor 1 only  |   |  |          |          |
|       | ☐ Debtor 2 only  | ☐ Unliquidated  |  |          |          |
|       | ☐ Debtor 1 and Debtor 2 only                                   | ☐ Disputed  |  |          |          |
|       | ☐ At least one of the debtors and another                      | Type of NONPRIORITY unsecured                                   | l claim:                                 |          |          |
|       | $\square$ Check if this claim is for a community debt          | ☐ Student loans   |  |          |          |
|       | Is the claim subject to offset?                                | Obligations arising out of a sepa not report as priority claims | ration agreement or divorce that you did |          |          |
|       | ■ No   | ☐ Debts to pension or profit-sharing                            | g plans, and other similar debts         |          |          |
|       | Yes  | ■ Other. Specify Unsec  | eured                                    |          |          |
| 4.9   | Credit Union 1   | Last 4 digits of account number                                 | 5070                                     | \$       | 0.00     |
|       | Priority Creditor's Name                                       | -   |  |          |          |
|       | 200 E Champaign Ave<br>Rantoul, IL 61866                       | When was the debt incurred?                                     | Opened 4/10/97 Last<br>Active 12/12/09   |          |          |
|       | Number Street City State Zlp Code                              | As of the date you file, the claim is                           | s: Check all that apply                  |          |          |
|       | Who incurred the debt? Check one.                              | ☐ Contingent  |  |          |          |
|       | Debtor 1 only  | G Contingent  |  |          |          |
|       | Debtor 2 only  | ☐ Unliquidated  |  |          |          |
|       | ☐ Debtor 1 and Debtor 2 only                                   | ☐ Disputed  |  |          |          |
|       | ☐ At least one of the debtors and another                      | Type of NONPRIORITY unsecured                                   | l claim:                                 |          |          |
|       | ☐ Check if this claim is for a community debt                  | ☐ Student loans   |  |          |          |
|       | Is the claim subject to offset?                                | ☐ Obligations arising out of a sepa                             | ration agreement or divorce that you did |          |          |
|       | ■ No   | ☐ Debts to pension or profit-sharin                             | g plans, and other similar debts         |          |          |
|       | ☐ Yes  | Other. Specify Check  | Credit Or Line Of Credit                 |          |          |
| 4.10  | Elmhurst Memorial Healthcare                                   | Last 4 digits of account number                                 |  | \$       | 2,500.00 |
|       | Priority Creditor's Name P.O. Box 4052                         | When was the debt incurred?                                     |  | <u> </u> | <u> </u> |
|       | Carol Stream, IL 60197-4052  Number Street City State Zlp Code | As of the date you file, the claim is                           | s: Check all that apply                  |          |          |

| Debtor | Case 16-03157 Doc 1  1 Jose Ignacio Duarte                             | Filed 02/02/16 Enter Document Page                               | ered 02/02/16 16:26:27<br>22 of 47<br>Case number (if know) | Desc Main |        |
|--------|--|--|---|-----------|--------|
|        | Who incurred the debt? Check one.  Debtor 1 only                       | ☐ Contingent   |   |           |        |
|        | Debtor 2 only  | ☐ Unliquidated   |   |           |        |
|        | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | ☐ Disputed  Type of NONPRIORITY unsecure                         | ed claim:   |           |        |
|        | ☐ Check if this claim is for a community debt                          | ☐ Student loans  |   |           |        |
|        | Is the claim subject to offset?  | ☐ Obligations arising out of a sep not report as priority claims | aration agreement or divorce that you did                   |           |        |
|        | ■ No   | ☐ Debts to pension or profit-shari                               | ng plans, and other similar debts                           |           |        |
|        | Yes  | Other. Specify   |   |           |        |
| 4.11   | Onemain  | Last 4 digits of account number                                  | 7311  | \$        | 0.00   |
|        | Priority Creditor's Name Po Box 499 Hanover, MD 21076                  | When was the debt incurred?                                      | Opened 3/27/13 Last<br>Active 1/16/14                       |           |        |
|        | Number Street City State Zlp Code                                      | As of the date you file, the claim                               | is: Check all that apply                                    |           |        |
|        | Who incurred the debt? Check one.  Debtor 1 only                       | ☐ Contingent   |   |           |        |
|        | Debtor 2 only  | ☐ Unliquidated   |   |           |        |
|        | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |           |        |
|        | ☐ At least one of the debtors and another                              | Type of NONPRIORITY unsecure                                     | ed claim:   |           |        |
|        | ☐ Check if this claim is for a community                               | ☐ Student loans  |   |           |        |
|        | debt<br>Is the claim subject to offset?                                | ☐ Obligations arising out of a sep not report as priority claims | aration agreement or divorce that you did                   |           |        |
|        | ■ No   | Debts to pension or profit-shari                                 | ng plans, and other similar debts                           |           |        |
|        | Yes  | Other. Specify Unse  | cured   |           |        |
| 4.12   | Onemain  | Last 4 digits of account number                                  | 5417  | \$        | 0.00   |
|        | Priority Creditor's Name Po Box 499                                    | When was the debt incurred?                                      | Opened 3/24/08 Last<br>Active 3/27/13                       |           |        |
|        | Hanover, MD 21076  Number Street City State Zlp Code                   | As of the date you file, the claim                               | is: Check all that apply                                    |           |        |
|        | Who incurred the debt? Check one.                                      | ☐ Contingent   |   |           |        |
|        | Debtor 1 only  |  |   |           |        |
|        | ☐ Debtor 2 only  | ☐ Unliquidated   |   |           |        |
|        | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |           |        |
|        | $\square$ At least one of the debtors and another                      | Type of NONPRIORITY unsecure                                     | ed claim:   |           |        |
|        | ☐ Check if this claim is for a community debt                          | ☐ Student loans  |   |           |        |
|        | Is the claim subject to offset?  | ☐ Obligations arising out of a sep not report as priority claims | aration agreement or divorce that you did                   |           |        |
|        | ■ No   | ☐ Debts to pension or profit-shari                               | ng plans, and other similar debts                           |           |        |
|        | Yes  | Other. Specify Unse  | cured   |           |        |
| 4.13   | Onemain  | Last 4 digits of account number                                  | 4408  | \$8,      | 761.00 |
|        | Priority Creditor's Name   |  |   |           |        |

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Debtor 1 Jose Ignacio Duarte

Case number (if know)

| Po Box 499<br>Hanover, MD 21076               | When was the debt incurred?                                  | Opened 1/16/14 Last<br>Active 12/01/15      |
|---|--|---|
| Number Street City State Zlp Code             | As of the date you file, the clair                           | n is: Check all that apply                  |
| Who incurred the debt? Check one.             | ☐ Contingent   |   |
| Debtor 1 only                                 |  |   |
| ☐ Debtor 2 only                               | ☐ Unliquidated   |   |
| ☐ Debtor 1 and Debtor 2 only                  | ☐ Disputed   |   |
| ☐ At least one of the debtors and another     | Type of NONPRIORITY unsecu                                   | red claim:                                  |
| ☐ Check if this claim is for a community debt | ☐ Student loans  |   |
| Is the claim subject to offset?               | Obligations arising out of a senot report as priority claims | eparation agreement or divorce that you did |
| ■ No  | Debts to pension or profit-sha                               | ring plans, and other similar debts         |
| Yes   | Other. Specify Uns   | ecured                                      |
|   |  |   |

#### Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name Address -NONE-

On which entry in Part 1 or Part2 did you list the original creditor?

Line of (Check one): Part 1: Creditors with Priority Unsecured Claims

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|              |     |   |     | Total clain | 1         |
|--------------|-----|---|-----|-------------|-----------|
|              | 6a. | Domestic support obligations  | 6a. | \$          | 0.00      |
| Total claims |     |   |     |             |           |
| from Part 1  | 6b. | Taxes and certain other debts you owe the government  | 6b. | \$          | 0.00      |
|              | 6c. | Claims for death or personal injury while you were intoxicated  | 6c. | \$          | 0.00      |
|              | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$          | 0.00      |
|              | 6e. | Total. Add lines 6a through 6d.   | 6e. | \$          | 0.00      |
|              |     |   |     | Total Claim |           |
|              | 6f. | Student loans   | 6f. | \$          | 0.00      |
| Total claims |     |   |     |             |           |
| from Part 2  | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$          | 0.00      |
|              | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$          | 0.00      |
|              | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here.                              | 6i. | \$          | 20,696.00 |
|              | 6j. | Total. Add lines 6f through 6i.   | 6j. | \$          | 20,696.00 |

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|                     |                          | DOGGIIIC          | HE 1 44C 27 CLT |  |
|---------------------|--------------------------|-------------------|-----------------|--|
| Fill in this infor  | rmation to identify your | case:             |                 |  |
| Debtor 1            | Jose Ignacio Dua         | ırte              |                 |  |
|                     | First Name               | Middle Name       | Last Name       |  |
| Debtor 2            |                          |                   |                 |  |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name       |  |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS     |  |
| Case number         |                          |                   |                 |  |
| (if known)          |                          |                   |                 |  |
|                     |                          |                   |                 |  |

## Official Form 106G

## Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| Person or company with whom you have the contract or lease<br>Name, Number, Street, City, State and ZIP Code | State what the contract or lease is for   |
|--|---|
| 2.1 Mr Hernandez 2014 N 17th Ave Melrose Park, IL 60160  | The Debtor is currently a tenant residing in property located at 2014 N 17th Ave Melrose Park, IL 60160.0 |
|  | The Debtor currently pays rent in the amount of \$450.00 per month.                                       |

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|                                |  | Docume  | ent Page 25 d             | of 47  |
|--------------------------------|--|---|---------------------------|--|
| Fill in this                   | information to identify yo                                       | ur case:  |                           |  |
| Debtor 1                       | Jose Ignacio D   | uarte   |                           |  |
| <b>5</b> 1                     | First Name   | Middle Name   | Last Name                 |  |
| Debtor 2<br>(Spouse if, filing | ng) First Name   | Middle Name   | Last Name                 |  |
| United Sta                     | tes Bankruptcy Court for the                                     | : NORTHERN DISTRICT                                       | OF ILLINOIS               |  |
| United Sta                     | ites bankrupicy Court for the                                    | . NORTHERN DISTRICT                                       | OF ILLINOIS               | <del></del>  |
| Case num                       | ber  |   |                           | D Obsel Whisis a   |
| (II KIIOWII)                   |  |   |                           | ☐ Check if this is an amended filing   |
|                                |  |   |                           |  |
| Officia                        | l Form 106H  |   |                           |  |
| Sched                          | lule H: Your Co  | debtors   |                           | 12/15  |
|                                |  |   |                           |  |
| ill it out, a<br>our name      | nd number the entries in t<br>and case number (if know           | he boxes on the left. Attack<br>n). Answer every question | n the Additional Page     | tion. If more space is needed, copy the Additional Page, to this page. On the top of any Additional Pages, write   |
| 1. DO                          | you have any codeptors?  | (If you are filing a joint case,                          | do not list eitner spouse | e as a codeptor.   |
| ■ No<br>□ Yes                  | 3  |   |                           |  |
|                                |  | vou lived in a community prona, Nevada, New Mexico, Pu    |                           | ry? (Community property states and territories include nington, and Wisconsin.)  |
| _                              |  |   |                           | •  |
|                                | Go to line 3.  | and and another the                                       |                           |  |
| ⊔ Yes                          | s. Did your spouse, former s                                     | pouse, or legal equivalent live                           | e with you at the time?   |  |
| in line<br>Form                | e 2 again as a codebtor on                                       | ly if that person is a guaran                             | ntor or cosigner. Make    | or if your spouse is filing with you. List the person shown<br>se sure you have listed the creditor on Schedule D (Officia<br>06G). Use Schedule D, Schedule E/F, or Schedule G to |
|                                | Column 1: Your codebtor<br>Name, Number, Street, City, State and | d ZIP Code  |                           | Column 2: The creditor to whom you owe the debt Check all schedules that apply:  |
| 3.1                            |  |   |                           | ☐ Schedule D, line   |
|                                | Name   |   |                           | ☐ Schedule E/F, line   |
|                                |  |   |                           | ☐ Schedule G, line   |
| -                              | Number Street  |   |                           | _  |
|                                | City   | State   | ZIP Code                  |  |
| 3.2                            |  |   |                           | ☐ Schedule D, line   |
|                                | Name   |   |                           | ☐ Schedule E/F, line   |
|                                |  |   |                           | ☐ Schedule G, line   |
| -                              | Number Street  |   |                           | _  |
|                                | City   | State   | ZIP Code                  |  |

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| Eill               | in this information to identify your ca   | 000:   |   |                  |                |   |                          |                             |                   |
|--------------------|---|--|---|------------------|----------------|---|--------------------------|-----------------------------|-------------------|
|                    | otor 1 Jose Ignacio   |  |   |                  |                |   |                          |                             |                   |
|                    | otor 2 ouse, if filing)   |  |   |                  | _              |   |                          |                             |                   |
| Uni                | ted States Bankruptcy Court for the   | : NORTHERN DISTRIC                                     | T OF ILLINOIS                                   |                  |                |   |                          |                             |                   |
| _                  | se number<br>nown)  |  |   |                  |                | Check if this is  An amende  A supplement | ed filing<br>ent showin  |                             |                   |
| $\bigcirc$         | fficial Form 106l   |  |   |                  |                |   |                          | ollowing date:              |                   |
|                    | chedule I: Your Inc   | ome  |   |                  |                | MM / DD/ Y                                | YYY                      |                             | 12/15             |
| sup<br>spo<br>atta | as complete and accurate as possiblying correct information. If you use. If you are separated and you ch a separate sheet to this form.  **T 1: Describe Employment** | are married and not filing r spouse is not filing with | ng jointly, and your s<br>th you, do not includ | pouse<br>le info | is liv<br>mati | ring with you, inc<br>on about your sp    | lude infor<br>ouse. If m | mation abou<br>ore space is | t your<br>needed, |
| 1.                 | Fill in your employment information.  |  | Debtor 1  |                  |                | Debtor 2                                  | 2 or non-fi              | ling spouse                 |                   |
|                    | If you have more than one job,  |  | ☐ Employed                                      |                  |                | ☐ Empl                                    |                          | 0 1                         |                   |
|                    | attach a separate page with information about additional  | Employment status                                      | ■ Not employed                                  |                  |                | ☐ Not e                                   | mployed                  |                             |                   |
|                    | employers.  | Occupation   |   |                  |                |   |                          |                             |                   |
|                    | Include part-time, seasonal, or self-employed work.   | Employer's name  |   |                  |                |   |                          |                             |                   |
|                    | Occupation may include student or homemaker, if it applies.   | Employer's address                                     |   |                  |                |   |                          |                             |                   |
|                    |   | How long employed th                                   | ere?  |                  |                |   |                          |                             |                   |
| Par                | t 2: Give Details About Mor   | nthly Income   |   |                  |                |   |                          |                             |                   |
| spou               | mate monthly income as of the duse unless you are separated.  |  | · ·   |                  | ·              |   | ·                        | •                           | Ü                 |
| mor                | e space, attach a separate sheet to   | this form.   |   |                  |                |   |                          |                             |                   |
|                    |   |  |   |                  |                | For Debtor 1                              |                          | btor 2 or<br>ng spouse      |                   |
| 2.                 | List monthly gross wages, sala deductions). If not paid monthly,  |  |   | 2.               | \$             | 0.00                                      | \$                       | N/A                         |                   |
| 3.                 | Estimate and list monthly overt   | ime pay.   |   | 3.               | +\$            | 0.00                                      | +\$                      | N/A                         |                   |
| 4.                 | Calculate gross Income. Add lin   | ne 2 + line 3.   |   | 4.               | \$             | 0.00                                      | \$                       | N/A                         |                   |

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| Debt | tor 1        | Jose Ignacio Duarte   | _          | Case r         | number ( <i>if known</i> ) |          |                 |        |
|------|--------------|---|------------|----------------|----------------------------|----------|-----------------|--------|
|      |              |   |            | For            | Debtor 1                   | For De   | otor 2 or       |        |
|      |              |   |            | 1 01           | Debtor 1                   |          | ng spouse       |        |
|      | Cor          | py line 4 here  | 4.         | \$             | 0.00                       | \$       | N/A             |        |
| 5.   | List         | t all payroll deductions:   |            |                |                            |          |                 |        |
|      | 5a.          | Tax, Medicare, and Social Security deductions   | 5a.        | \$             | 0.00                       | \$       | N/A             |        |
|      | 5b.          | Mandatory contributions for retirement plans  | 5b.        | \$             | 0.00                       | \$       | N/A             |        |
|      | 5c.          | Voluntary contributions for retirement plans  | 5c.        | \$             | 0.00                       | \$       | N/A             |        |
|      | 5d.          | Required repayments of retirement fund loans  | 5d.        | \$_            | 0.00                       | \$       | N/A             |        |
|      | 5e.<br>5f.   | Insurance Domestic support obligations  | 5e.<br>5f. | \$_<br>\$      | 0.00                       | \$       | N/A<br>N/A      |        |
|      | 5g.          | Union dues  | 5g.        | \$ <sup></sup> | 0.00                       | \$       | N/A             |        |
|      | 5h.          | Other deductions. Specify:  | 5h.+       | · · —          |                            | + \$     | N/A             |        |
| 6.   | Ado          | d the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  | —<br>6.    | \$             | 0.00                       | \$       | N/A             |        |
| 7.   |              | culate total monthly take-home pay. Subtract line 6 from line 4.  | 7.         | \$<br>         | 0.00                       | \$       | N/A             |        |
| 8.   |              | t all other income regularly received:  |            | <b>–</b>       | 0.00                       | Ψ        | 19/1            |        |
| 0.   | 8a.          | Net income from rental property and from operating a business,  |            |                |                            |          |                 |        |
|      |              | profession, or farm   |            |                |                            |          |                 |        |
|      |              | Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total   |            |                |                            |          |                 |        |
|      |              | monthly net income.   | 8a.        | \$             | 0.00                       | \$       | N/A             |        |
|      | 8b.          | Interest and dividends  | 8b.        | \$             | 0.00                       | \$       | N/A             |        |
|      | 8c.          | Family support payments that you, a non-filing spouse, or a dependen regularly receive  | t          |                |                            |          |                 |        |
|      |              | Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  | 8c.        | \$             | 0.00                       | \$       | N/A             |        |
|      | 8d.          | Unemployment compensation   | 8d.        | \$<br>-        | 0.00                       | \$       | N/A<br>N/A      |        |
|      | 8e.          | Social Security   | 8e.        | \$             | 0.00                       | \$       | N/A             |        |
|      | 8f.          | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify: | e<br>8f.   | \$             | 0.00                       | \$       | N/A             |        |
|      | 8g.          | Pension or retirement income  | <br>8g.    | \$             | 0.00                       | \$       | N/A             |        |
|      | 8h.          | Other monthly income. Specify: Long Term Disability   | 8h.+       | \$             | 900.00                     | + \$     | N/A             |        |
| 9.   | Ado          | d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9.         | \$             | 900.00                     | \$       | N/A             |        |
| 40   | 0-1          | autota mandilla bassana A I I II - 7 - 15 - 0   | 40 6       |                | 222.22                     |          |                 |        |
| 10.  |              | culate monthly income. Add line 7 + line 9.  If the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  | 10. \$     |                | 900.00 + \$_               |          | <b>1/A</b> = \$ | 900.00 |
|      |              |   | _ L        |                |                            |          |                 |        |
| 11.  | Incl<br>othe | te all other regular contributions to the expenses that you list in Schedul ude contributions from an unmarried partner, members of your household, you er friends or relatives.  | ır depen   |                | •                          |          |                 |        |
|      |              | not include any amounts already included in lines 2-10 or amounts that are no ecify:  | t availab  | ole to p       | ay expenses list           |          | 11. +\$         | 0.00   |
| 12.  | Wri          | d the amount in the last column of line 10 to the amount in line 11. The rete that amount on the Summary of Schedules and Statistical Summary of Certillies   |            |                |                            | a. if it | 12. \$          | 900.00 |
|      |              |   |            |                |                            |          | Combine         |        |
| 13.  | Do           | you expect an increase or decrease within the year after you file this form No.   | n?         |                |                            |          | monthly         | income |
|      |              | Yes. Explain:   |            |                |                            |          |                 |        |
|      | _            |   |            |                |                            |          |                 |        |

page 2

Official Form 106I

| Fill       | in this information to                              | identify yo               | our case:     |  |  |             |                 |   |
|------------|---|---------------------------|---------------|--|--|-------------|-----------------|---|
| Deb        | otor 1 Jos  | e Ignacio                 | Duarte        |  |  | Che         | eck if this is: |   |
|            | otor 2  ouse, if filing)                            | <b>J</b>                  |               |  |  |             |                 | wing postpetition chapter the following date:       |
| ` .        | , G,  |                           |               |  |  |             |                 |   |
| Unit       | ted States Bankruptcy C                             | ourt for the:             | NORTH         | IERN DISTRICT OF ILLI                                    | NOIS                                     |             | MM / DD / YYYY  |   |
| l          | e number<br>nown)                                   |                           |               |  |  |             |                 |   |
| O          | fficial Form  | 106J                      |               |  |  |             |                 |   |
| S          | chedule J:  | Your I                    | Exper         | ises   |  |             |                 | 12/15   |
| info       |   | oace is ne                | eded, atta    | If two married people ch another sheet to thin.          |  |             |                 |   |
| Par<br>1.  | t 1: Describe Your Is this a joint case             |                           | hold          |  |  |             |                 |   |
| 1.         | ■ No. Go to line 2 □ Yes. <b>Does Deb</b> □ No      | c.<br>tor 2 live i        | •             | ate household?<br>ial Form 106J-2, <i>Expens</i>         | es for Separate Hous                     | ehold of De | ebtor 2.        |   |
| 2.         | Do you have depe                                    | endents?                  | ■ No          |  |  |             |                 |   |
| ۷.         | Do not list Debtor and Debtor 2.                    |                           | ■ No □ Yes.   | Fill out this information for each dependent             | Dependent's relati<br>Debtor 1 or Debtor |             | Dependent's age | Does dependent live with you?                       |
|            | Do not state the                                    |                           |               |  |  |             |                 | □ No  |
|            | dependents names                                    | 5.                        |               |  |  |             |                 | ☐ Yes<br>☐ No                                       |
|            |   |                           |               |  |  |             |                 | ☐ Yes   |
|            |   |                           |               |  |  |             |                 | □ No  |
|            |   |                           |               |  |  |             |                 | ☐ Yes   |
|            |   |                           |               |  |  |             |                 | □ No<br>□ Yes                                       |
| 3.         | Do your expenses expenses of peop yourself and your | ole other the<br>depender | han<br>nts? □ | No<br>Yes  |  |             |                 | <b>—</b> 133  |
| Est<br>exp |   | es as of yo               | our bankrı    | uptcy filing date unless                                 |  |             |                 | apter 13 case to report of the form and fill in the |
| the        |   |                           |               | government assistance<br>luded it on <i>Schedule I</i> . |  |             | Your exp        | enses   |
| 4.         | The rental or hom payments and any                  |                           |               | ses for your residence<br>r lot.                         | Include first mortgag                    | e 4.        | \$              | 450.00  |
|            | If not included in                                  | line 4:                   |               |  |  |             |                 |   |
|            | 4a. Real estate                                     | taxes                     |               |  |  | 4a.         | \$              | 0.00  |
|            | 4b. Property, ho                                    | meowner's                 |               |  |  | 4b.         | \$              | 0.00  |
|            |   |                           |               | upkeep expenses  |  | 4c.         |                 | 0.00  |
| 5.         |   |                           |               | dominium dues<br>o <b>ur residence</b> , such as h       | nome equity loans                        | 4d.<br>5.   | ·               | 0.00  |

| Debtor 1       | Jose ign       | acio Duarte  | Case num              | ber (if known)                        |                              |
|----------------|----------------|--|-----------------------|---------------------------------------|------------------------------|
| 6. Utilit      | ties:          |  |                       |                                       |                              |
| 6a.            |                | heat, natural gas  | 6a.                   | \$                                    | 40.00                        |
| 6b.            |                | ver, garbage collection  | 6b.                   |                                       | 0.00                         |
| 6c.            | -              | , cell phone, Internet, satellite, and cable services  | 6c.                   |                                       | 0.00                         |
| 6d.            | •              | cify: Cell Phone   | 6d.                   |                                       | 40.00                        |
|                |                | ekeeping supplies  |                       | \$                                    | 160.00                       |
|                |                | hildren's education costs  | 8.                    | \$                                    |                              |
| _              |                |  | 9.                    |                                       | 20.00                        |
|                | _              | ry, and dry cleaning   |                       | ·                                     |                              |
|                | -              | roducts and services   | 10.                   | · · · · · · · · · · · · · · · · · · · | 0.00                         |
|                |                | ntal expenses  | 11.                   | <b>a</b>                              | 100.00                       |
|                | not include ca | Include gas, maintenance, bus or train fare.   | 12.                   | \$                                    | 60.00                        |
|                |                | clubs, recreation, newspapers, magazines, and book   |                       | ·                                     | 0.00                         |
|                |                | ributions and religious donations  | 14.                   |                                       | 0.00                         |
| 5. <b>Insu</b> |                | ibutions and rengious donations  | 14.                   | Ψ                                     | 0.00                         |
|                |                | surance deducted from your pay or included in lines 4 or   | 20                    |                                       |                              |
|                | Life insura    | , , ,  | 15a.                  | \$                                    | 0.00                         |
|                | Health ins     |  | 15b.                  |                                       | 0.00                         |
|                | Vehicle ins    |  | 15c.                  | · ——                                  | 38.00                        |
|                |                |  | 15d.                  | •                                     |                              |
|                |                | rance. Specify: _<br>clude taxes deducted from your pay or included in lines 4   |                       | Ψ                                     | 0.00                         |
| Spec           |                | crude taxes deducted from your pay or included in lines 2  | 16.                   | \$                                    | 0.00                         |
|                |                | ease payments:   |                       | _                                     |                              |
|                | , ,            | ents for Vehicle 1   | 17a.                  | · ———                                 | 0.00                         |
|                |                | ents for Vehicle 2   | 17b.                  | \$                                    | 0.00                         |
| 17c.           | Other. Spe     | ecify:   | 17c.                  | \$                                    | 0.00                         |
| 17d.           | Other. Spe     | ecify:   | 17d.                  | \$                                    | 0.00                         |
|                |                | of alimony, maintenance, and support that you did no   |                       | <b>c</b>                              | 0.00                         |
|                |                | our pay on line 5, Schedule I, Your Income (Official I   | OIIII 1001 <i>)</i> . | ·                                     |                              |
|                |                | you make to support others who do not live with you  |                       | \$                                    | 0.00                         |
| Spec           |                |  | 19.                   |                                       |                              |
|                |                | erty expenses not included in lines 4 or 5 of this form  |                       |                                       | 0.00                         |
|                |                | on other property  | 20a.                  | · -                                   | 0.00                         |
|                | Real estat     |  | 20b.                  |                                       | 0.00                         |
|                |                | nomeowner's, or renter's insurance   | 20c.                  |                                       | 0.00                         |
|                |                | ce, repair, and upkeep expenses  | 20d.                  | •                                     | 0.00                         |
| 20e.           | Homeown        | er's association or condominium dues   | 20e.                  | \$                                    | 0.00                         |
| 1. Othe        | er: Specify:   |  | 21.                   | +\$                                   | 0.00                         |
| 2. Calc        | culate your r  | nonthly expenses   |                       |                                       |                              |
| 22a.           | Add lines 4    | through 21.  |                       | \$                                    | 908.00                       |
|                |                | 2 (monthly expenses for Debtor 2), if any, from Official Fo  | rm 106J-2             | \$                                    |                              |
|                |                | a and 22b. The result is your monthly expenses.  |                       | \$                                    | 008 00                       |
|                |                |  |                       |                                       | 908.00                       |
|                |                | nonthly net income.  | 00-                   | ¢.                                    | 000.00                       |
|                |                | 12 (your combined monthly income) from Schedule I.   | 23a.                  |                                       | 900.00                       |
| 23b.           | Copy your      | monthly expenses from line 22c above.  | 23b.                  | -\$                                   | 908.00                       |
| 23c.           |                | our monthly expenses from your monthly income.   |                       | •                                     | 0.00                         |
|                | The result     | is your monthly net income.  | 23c.                  | \$                                    | -8.00                        |
| For e          | xample, do yo  | in increase or decrease in your expenses within the yar expect to finish paying for your car loan within the year or do you erms of your mortgage? |                       |                                       | ase or decrease because of a |
| ■ N            | lo.            |  |                       |                                       |                              |
| ΠY             | <b>'</b> es    | Explain here:  |                       |                                       |                              |

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| Debtor 1            | Jose Ignacio Dua         | irte              |             |                                      |
|---------------------|--------------------------|-------------------|-------------|--------------------------------------|
|                     | First Name               | Middle Name       | Last Name   |                                      |
| Debtor 2            |                          |                   |             |                                      |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name   |                                      |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS |                                      |
| Case number         |                          |                   |             |                                      |
| (if known)          |                          |                   |             | ☐ Check if this is an amended filing |
|                     |                          |                   |             | amended filing                       |
|                     | m 106Dec                 |                   |             |                                      |
| <u>Official For</u> | 111 100000               |                   |             |                                      |

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

|     | Sign Below   |       |   |
|-----|--|-------|---|
| Dic | I you pay or agree to pay someone who is NOT an attorney to                                  | help  | you fill out bankruptcy forms?  |
|     | No   |       |   |
|     | Yes. Name of person  |       | . Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
|     | der penalty of perjury, I declare that I have read the summary at they are true and correct. | and s | schedules filed with this declaration and   |
| X   | /s/ Jose Ignacio Duarte  | Χ     |   |
|     | Jose Ignacio Duarte Signature of Debtor 1  |       | Signature of Debtor 2   |
|     | Date February 2, 2016  |       | Date  |

Official Form 106Dec

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| Ħ                 | l in this inform                               | ation to identify you                        | r case:   |   |  |   |
|-------------------|--|--|---|---|--|---|
| _                 | btor 1   |  |   |   |  |   |
| DC                | DIOI 1   | Jose Ignacio Du First Name                   | Middle Name   | Last Name   |  |   |
|                   | btor 2<br>ouse if, filing)                     | First Name                                   | Middle Name   | Last Name   |  |   |
| Un                | ited States Ban                                | kruptcy Court for the:                       | NORTHERN DISTRICT C   | OF ILLINOIS   |  |   |
| Ca                | se number                                      |  |   |   |  |   |
|                   | nown)  |  |   |   |  | Check if this is an amended filing                    |
| St<br>Be          | as complete a                                  | of Financial A                               | Affairs for Individ   | are filing together, both are                         | equally responsible for su                 |   |
|                   |  | ore space is needed,<br>). Answer every ques | attach a separate sheet to stion.   | this form. On the top of an                           | y additional pages, write y                | our name and case                                     |
| Pa                | rt 1: Give D                                   | etails About Your Ma                         | rital Status and Where You  | Lived Before  |  |   |
| 1.                | What is your                                   | current marital statu                        | ıs?   |   |  |   |
|                   | <ul><li>☐ Married</li><li>■ Not marr</li></ul> | ied  |   |   |  |   |
| 2.                | During the la                                  | st 3 years, have you                         | lived anywhere other than   | where you live now?                                   |  |   |
|                   | ■ No □ Yes. List                               | all of the places you l                      | ived in the last 3 years. Do no   | ot include where you live nov                         | <i>ı</i> .                                 |   |
|                   | Debtor 1 Pri                                   | or Address:                                  | Dates Debtor 1 lived there  | Debtor 2 Prior Ad                                     | dress:                                     | Dates Debtor 2<br>lived there                         |
| <b>3.</b><br>stai |  |  | ver live with a spouse or leg<br>lifornia, Idaho, Louisiana, Ne                         |   |  |   |
|                   | ■ No<br>□ Yes. Mal                             | ke sure you fill out <i>Scl</i>              | nedule H: Your Codebtors (Of  | fficial Form 106H).                                   |  |   |
| Pa                | rt 2 Explain                                   | the Sources of You                           | r Income  |   |  |   |
| 4.                | Fill in the total                              | amount of income yo                          | nployment or from operating u received from all jobs and a have income that you receive | all businesses, including part                        | -time activities.                          | endar years?  |
|                   | □ No ■ Yes. Fill                               | in the details.                              |   |   |  |   |
|                   |  |  | Debtor 1  |   | Debtor 2                                   |   |
|                   |  |  | Sources of income<br>Check all that apply.  | Gross income<br>(before deductions and<br>exclusions) | Sources of income<br>Check all that apply. | Gross income<br>(before deductions<br>and exclusions) |
|                   |  | of current year until<br>I for bankruptcy:   | ■ Wages, commissions, bonuses, tips   | \$900.00  | ☐ Wages, commissions, bonuses, tips        |   |
|                   |  |  | ☐ Operating a business  |   | ☐ Operating a business                     |   |

Official Form 107

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Document Page 32 of 47 Case number (if known) Debtor 1 Jose Ignacio Duarte Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Check all that apply. (before deductions and Check all that apply. (before deductions exclusions) and exclusions) For last calendar year: \$20,434.00 ☐ Wages, commissions, Wages, commissions, (January 1 to December 31, 2015) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Describe below.. (before deductions and Describe below. (before deductions exclusions) and exclusions) Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,225\* or more? □ No. Go to line 7. ☐ Yes List below each creditor to whom you paid a total of \$6,225\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. □ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Creditor's Name and Address Dates of payment **Total amount** Amount vou Was this payment for ... paid still owe Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

Yes. List all payments to an insider

Insider's Name and Address **Dates of payment** Total amount Amount you Reason for this payment paid still owe

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Document Page 33 of 47 Debtor 1 Jose Ignacio Duarte Case number (if known) Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an 8. insider? Include payments on debts guaranteed or cosigned by an insider. No Yes. List all payments to an insider **Insider's Name and Address** Amount you Reason for this payment Dates of payment Total amount paid still owe Include creditor's name Part 4: Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No П Yes. Fill in the details. Case title Nature of the case Court or agency Status of the case Case number Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. П Yes. Fill in the information below. **Creditor Name and Address** Describe the Property Date Value of the property Explain what happened 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? Yes. Fill in the details. **Creditor Name and Address** Describe the action the creditor took Date action was Amount Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No П Yes Part 5: List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Dates you gave Value the gifts per person Person to Whom You Gave the Gift and Address: 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity

Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total Describe what you contributed Dates you more than \$600 contributed Charity's Name Address (Number, Street, City, State and ZIP Code)

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other

Value

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| Del | btor 1 Jose Ignacio Duarte   |                               |  | Case number                                    | if known)                               |                           |
|-----|--|-------------------------------|--|--|---|---------------------------|
|     |  |                               |  |  |   |                           |
|     | disaster, or gambling?   |                               |  |  |   |                           |
|     | <ul><li>■ No</li><li>□ Yes. Fill in the details.</li></ul>   |                               |  |  |   |                           |
|     | Describe the property you lost and how the loss occurred   | Include the                   | amount that insurance has paid<br>surance claims on line 33 of Sch | l. List  | Date of your loss                       | Value of property<br>lost |
| Par | rt 7: List Certain Payments or Transfe   | ers                           |  |  |   |                           |
| 16. | Within 1 year before you filed for bank consulted about seeking bankruptcy o Include any attorneys, bankruptcy petition  | r preparing a                 | bankruptcy petition?   |  |   | rty to anyone you         |
|     | <ul><li>□ No</li><li>■ Yes. Fill in the details.</li></ul>   |                               |  |  |   |                           |
|     | Person Who Was Paid<br>Address<br>Email or website address<br>Person Who Made the Payment, if No   | tra                           | escription and value of any pro<br>ansferred                       | Date payment Ame<br>or transfer was pa<br>made |   |                           |
|     | Fernandez & Associates<br>108 Madison<br>Oak Park, IL 60302  |                               |  |  | 01/26/16                                | \$900.00                  |
| 17. | Within 1 year before you filed for bank<br>promised to help you deal with your or<br>Do not include any payment or transfer th   | editors or to                 | make payments to your credit                                       |  | or transfer any prope                   | rty to anyone who         |
|     | No   |                               |  |  |   |                           |
|     | ☐ Yes. Fill in the details.  |                               |  |  |   |                           |
|     | Person Who Was Paid<br>Address   |                               | escription and value of any pro<br>ansferred                       | operty   | Date payment<br>or transfer was<br>made | Amount of payment         |
| 18. | Within 2 years before you filed for ban transferred in the ordinary course of you include both outright transfers and transfer include gifts and transfers that you have a second include years.  No Yes, Fill in the details. | our business<br>ers made as s | or financial affairs?<br>ecurity (such as the granting of a        |  |   |                           |
|     | Person Who Received Transfer<br>Address  |                               | escription and value of operty transferred                         |  | any property or received or debts       | Date transfer was made    |
|     | Person's relationship to you   |                               |  | paid in ex                                     | change                                  |                           |
| 19. | Within 10 years before you filed for bar beneficiary? (These are often called ass  |                               |  | ı self-settled tru                             | ıst or similar device                   | of which you are a        |
|     | ☐ Yes. Fill in the details.  |                               |  |  |   |                           |
|     | Name of trust  | De                            | escription and value of the pro                                    | perty transferr                                | ed                                      | Date Transfer was         |

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Debtor 1 Jose Ignacio Duarte

| Par | List of Certain Financial Accounts, In  | istruments, Safe Depos                                  | it Boxes, and Stora        | age Units   |   |  |
|-----|---|---|----------------------------|---|---|--|
| 20. | <ul> <li>Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?</li> <li>Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.</li> </ul> |   |                            |   |   |  |
|     | Yes. Fill in the details.   |   |                            |   |   |  |
|     | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)  | Last 4 digits of account number                         | Type of account instrument | or Date account was closed, sold, moved, or transferred | Last balance<br>before closing or<br>transfer |  |
| 21. | Do you now have, or did you have within 1 cash, or other valuables?   | year before you filed fo                                | or bankruptcy, any s       | safe deposit box or other depos                         | itory for securities,                         |  |
|     | ■ No □ Yes. Fill in the details.  |   |                            |   |   |  |
|     | Name of Financial Institution<br>Address (Number, Street, City, State and ZIP Code)   | Who else had ac<br>Address (Number, State and ZIP Code) |                            | escribe the contents                                    | Do you still have it?                         |  |
| 22. | Have you stored property in a storage unit  | or place other than you                                 | r home within 1 yea        | ar before you filed for bankrupt                        | су  |  |
|     | ■ No □ Yes. Fill in the details.  |   |                            |   |   |  |
|     | ame of Storage Facility  ddress (Number, Street, City, State and ZIP Code)  Who else has or had access to it?  Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)   |   |                            |   | Do you still have it?                         |  |
| Par | 19: Identify Property You Hold or Control   | ol for Someone Else                                     |                            |   |   |  |
| 23. | Do you hold or control any property that so for someone.  | omeone else owns? Inc                                   | lude any property y        | you borrowed from, are storing                          | for, or hold in trust                         |  |
|     | ■ No □ Yes. Fill in the details.  |   |                            |   |   |  |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)  | Where is the pro<br>(Number, Street, City,<br>Code)     |                            | escribe the property                                    | Value   |  |
| Par | t 10: Give Details About Environmental In   | formation   |                            |   |   |  |
| For | the purpose of Part 10, the following defini  | tions apply:  |                            |   |   |  |
|     | Environmental law means any federal, stat<br>toxic substances, wastes, or material into<br>regulations controlling the cleanup of thes  | the air, land, soil, surfac                             | ce water, groundwa         |   |   |  |
|     | Site means any location, facility, or proper to own, operate, or utilize it, including disp   | •   | environmental law          | r, whether you now own, operat                          | e, or utilize it or used                      |  |
|     | Hazardous material means anything an enhazardous material, pollutant, contaminan  |   | as a hazardous wa          | aste, hazardous substance, tox                          | ic substance,                                 |  |
| Rep | ort all notices, releases, and proceedings the  | hat you know about, reg                                 | ardless of when th         | ney occurred.   |   |  |
| 24. | Has any governmental unit notified you that   | at you may be liable or p                               | ootentially liable un      | nder or in violation of an enviror                      | nmental law?                                  |  |
|     | ■ No □ Yes. Fill in the details.  |   |                            |   |   |  |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)  | Governmental ui<br>Address (Number, S<br>ZIP Code)      |                            | Environmental law, if you know it                       | Date of notice                                |  |

Case 16-03157 Doc 1 Filed 02/02/16 Entered 02/02/16 16:26:27 Document Page 36 of 47 Debtor 1 Jose Ignacio Duarte Case number (if known) 25. Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Name of site Governmental unit Environmental law, if you Date of notice Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and know it ZIP Code) 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. Nο Yes. Fill in the details. Case Title Nature of the case Status of the Court or agency Case Number Name case Address (Number, Street, City, State and ZIP Code) Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) ☐ A partner in a partnership ☐ An officer, director, or managing executive of a corporation ☐ An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. **Business Name** Describe the nature of the business Employer Identification number **Address** Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. Nο Yes. Fill in the details below. Name **Date Issued** 

Address

(Number, Street, City, State and ZIP Code)

Part 12: Sign Below

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Jose Ignacio Duarte Signature of Debtor 2 Jose Ignacio Duarte Signature of Debtor 1

Date February 2, 2016 Date

Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

■ No

□ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

■ No

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Statement of Financial Affairs for Individuals Filing for Bankruptcy Official Form 107

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Case number (if known) Document

Debtor 1 Jose Ignacio Duarte

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| Fill in this infor  | rmation to identify your | case:             |             |                                    |
|---------------------|--------------------------|-------------------|-------------|------------------------------------|
| Debtor 1            | Jose Ignacio Dua         | rte               |             |                                    |
|                     | First Name               | Middle Name       | Last Name   |                                    |
| Debtor 2            |                          |                   |             |                                    |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name   |                                    |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS |                                    |
| Case number         |                          |                   |             |                                    |
| (if known)          |                          |                   |             | Check if this is an amended filing |

### Official Form 108

# Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

| Information below. Identify the creditor and the property that is collateral | What do you intend to do with the property that secures a debt?    | Did you claim the property as exempt on Schedule C? |
|--|--|---|
| Creditor's   | ☐ Surrender the property.  | □ No  |
| name:  | ☐ Retain the property and redeem it.                               |   |
| Description of   | ☐ Retain the property and enter into a<br>Reaffirmation Agreement. | ☐ Yes   |
| property securing debt:  | ☐ Retain the property and [explain]:                               |   |
| Creditor's   | ☐ Surrender the property.  | □ No  |
| name:  | ☐ Retain the property and redeem it.                               | _   |
| Description of   | ☐ Retain the property and enter into a<br>Reaffirmation Agreement. | ☐ Yes   |
| property securing debt:  | ☐ Retain the property and [explain]:                               |   |
| Creditor's   | ☐ Surrender the property.  | □ No  |
| name:  | ☐ Retain the property and redeem it.                               | _   |
| Description of   | ☐ Retain the property and enter into a<br>Reaffirmation Agreement. | ☐ Yes   |
| property securing debt:  | ☐ Retain the property and [explain]:                               |   |
| Creditor's   | ☐ Surrender the property.  | □ No  |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

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|             | Form 8) (12/08) name:  Description of property securing debt: |   | <ul> <li>□ Retain the property and redeem it.</li> <li>□ Retain the property and enter into a Reaffirmation Agreement.</li> <li>□ Retain the property and [explain]:</li> </ul> | Page 2                                |
|-------------|---|---|---|---------------------------------------|
| For<br>in t | any unexpired per<br>he information bel                       | ow. Do not list real estate leases. Une                             | n Schedule G: Executory Contracts and Unex<br>expired leases are leases that are still in effect<br>he trustee does not assume it. 11 U.S.C. § 365                              | ; the lease period has not yet ended. |
| De          | scribe your unexp   | ired personal property leases                                       |   | Will the lease be assumed?            |
| Le          | ssor's name:  | Mr Hernandez  |   | □ No                                  |
|             |   |   |   | ■ Yes                                 |
|             | escription of leased operty:                                  | The Debtor is currently a tenant<br>17th Ave Melrose Park, IL 60160 | t residing in property located at 2014 N<br>0.0   |                                       |
|             |   | The Debtor currently pays rent i                                    | in the amount of \$450.00 per month.  |                                       |
| Pa          | rt 3: Sign Below  |   |   |                                       |
|             |   | rry, I declare that I have indicated my                             | intention about any property of my estate that  | t secures a debt and any personal     |
| X           | /s/ Jose Ignaci   |   | Signature of Debtor 2   |                                       |
|             | Jose Ignacio D<br>Signature of Debt                           |   | Signature of Deptor 2   |                                       |
|             | Date <b>Febru</b>   | ary 2, 2016   | Date  |                                       |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

# The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

# Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure</a>.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc approved.html.

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 16-03157 Doc 1 Filed 02/02/16 Entered 02/02/16 16:26:27 Desc Main Document Page 44 of 47

B2030 (Form 2030) (12/15)

## United States Bankruptcy Court Northern District of Illinois

| In r | e Jose Ignacio Duarte   |  | Case No.  |                             |           |
|------|---|--|---|-----------------------------|-----------|
|      |   | Debtor(s)  | Chapter   | 7                           |           |
|      | DISCLOSURE OF COMPE   | ENSATION OF ATTORN   | EY FOR DE   | EBTOR(S)                    |           |
| 1.   | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 201 compensation paid to me within one year before the filible rendered on behalf of the debtor(s) in contemplation   | ing of the petition in bankruptcy, or  | agreed to be paid                                       | to me, for services rendere | ed or to  |
|      | For legal services, I have agreed to accept   |  | \$  | 1,209.00                    |           |
|      | Prior to the filing of this statement I have received   | <u> </u>   | \$  | 900.00                      |           |
|      | Balance Due   |  | \$  | 309.00                      |           |
| 2.   | The source of the compensation paid to me was:  |  |   |                             |           |
|      | ■ Debtor □ Other (specify):   |  |   |                             |           |
| 3.   | The source of compensation to be paid to me is:   |  |   |                             |           |
|      | ■ Debtor □ Other (specify):   |  |   |                             |           |
| 4.   | ■ I have not agreed to share the above-disclosed com  | pensation with any other person unl  | less they are mem                                       | bers and associates of my   | law firm. |
|      | ☐ I have agreed to share the above-disclosed compen copy of the agreement, together with a list of the na   |  |   |                             | rm. A     |
| 5.   | In return for the above-disclosed fee, I have agreed to   | render legal service for all aspects of  | f the bankruptcy c                                      | ase, including:             |           |
|      | <ul> <li>a. Analysis of the debtor's financial situation, and rend</li> <li>b. Preparation and filing of any petition, schedules, state.</li> <li>c. Representation of the debtor at the meeting of credit</li> <li>d. [Other provisions as needed]</li> <li>Negotiations with secured creditors to reaffirmation agreements and applications</li> <li>522(f)(2)(A) for avoidance of liens on here</li> </ul> | atement of affairs and plan which maters and confirmation hearing, and a reduce to market value; exemions as needed; preparation ar                                | ay be required;<br>any adjourned hea<br>ption planning; | rings thereof;              | ı of      |
| 6.   | By agreement with the debtor(s), the above-disclosed for Representation of the debtors in any dany other adversary proceeding.  |  |   | es, relief from stay act    | ions or   |
|      |   | CERTIFICATION  |   |                             |           |
| this | I certify that the foregoing is a complete statement of a bankruptcy proceeding.  | ny agreement or arrangement for pag  | yment to me for re                                      | epresentation of the debtor | (s) in    |
| _    | February 2, 2016 Date   | Is/ Bennie W Fernard Bennie W Fernande Signature of Attorney Fernandez & Assoc 108 Madison Oak Park, IL 60302 708-386-1812 Fax: bennie161@sbcglol Name of law firm | z<br>iates<br>708-386-2014                              |                             |           |

# **United States Bankruptcy Court Northern District of Illinois**

| To their District of immors |  |   |                    |                          |
|-----------------------------|--|---|--------------------|--------------------------|
| In re                       | Jose Ignacio Duarte                        |   | Case No.           |                          |
|                             |  | Debtor(s)   | Chapter            | 7                        |
|                             | VE   | ERIFICATION OF CREDITOR M   | ATRIX              |                          |
|                             |  | Number of   | Creditors:         | 13                       |
|                             | The above-named Debtor(s) (our) knowledge. | ) hereby verifies that the list of creditor                       | ors is true and co | orrect to the best of my |
| Date:                       | February 2, 2016                           | /s/ Jose Ignacio Duarte  Jose Ignacio Duarte  Signature of Debtor |                    |                          |

Cap1/Vlcty 26525 N Riverwoods Blvd Mettawa, IL 60045

Capital One Bank Usa N 15000 Capital One Dr Richmond, VA 23238

Capital One Bank Usa N 15000 Capital One Dr Richmond, VA 23238

Capital One Bank Usa N 15000 Capital One Dr Richmond, VA 23238

Citi Po Box 6241 Sioux Falls, SD 57117

Citifinancial 300 Saint Paul Pl Baltimore, MD 21202

Citifinancial 300 Saint Paul Pl Baltimore, MD 21202

Citifinancial 300 Saint Paul Pl Baltimore, MD 21202

Credit Union 1 200 E Champaign Ave Rantoul, IL 61866

Elmhurst Memorial Healthcare P.O. Box 4052 Carol Stream, IL 60197-4052

Onemain Po Box 499 Hanover, MD 21076 Onemain Po Box 499 Hanover, MD 21076

Onemain Po Box 499 Hanover, MD 21076